

University of Pennsylvania Faculty and Staff Voluntary Self-Identification Form

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The University of Pennsylvania is an equal opportunity employer. As a federal contractor, Penn complies with federal regulations pertaining to affirmative action, equal opportunity, and nondiscrimination. We ask your assistance in helping us to meet our federal compliance obligations of monitoring our recruitment, promotion and retention processes.

Name _____ Penn ID _____

Sex: Female Male

The race and ethnicity categories below have been defined by the U.S. Departments of Education and Labor.

I. Are you Hispanic or Latino? -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Yes No

Which best describes your country/continent of origin?

- | | |
|------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Central America _____ | <input type="checkbox"/> Cuba |
| <input type="checkbox"/> Mexico | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Spain | <input type="checkbox"/> South America (excluding Brazil) _____ |
| <input type="checkbox"/> Other _____ | |

II. Regardless of your answer to the question above, please check the groups below in which you consider yourself to be a member:

American Indian/Alaska Native -- A person having origins in any of the original peoples of North America and South America (including Central America) and who maintain their tribal affiliation or community attachment.

Which best describes your country/continent of origin?

- | | |
|--------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Chippewa |
| <input type="checkbox"/> Choctaw | <input type="checkbox"/> Cherokee |
| <input type="checkbox"/> Navajo | <input type="checkbox"/> Sioux |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Enrollment Number _____ | |

Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.

Which best describes your country/continent of origin?

- | | |
|----------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> China | <input type="checkbox"/> India |
| <input type="checkbox"/> Japan | <input type="checkbox"/> Korea |
| <input type="checkbox"/> Pakistan | <input type="checkbox"/> Philippines |
| <input type="checkbox"/> Vietnam | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other East Asia | |
| <input type="checkbox"/> Other Indian Subcontinent | |
| <input type="checkbox"/> Other Southeast Asia | |

Black or African American -- A person having origins in any of the black racial groups of Africa.

Which best describes your country/continent of origin?

- | | |
|---------------------------------------|------------------------------------------|
| <input type="checkbox"/> Africa _____ | <input type="checkbox"/> Caribbean _____ |
| <input type="checkbox"/> Other _____ | |

Native Hawaiian or other Pacific Islander -- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Which best describes your country/continent of origin?

- | | |
|--------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Guam | <input type="checkbox"/> Hawaii |
| <input type="checkbox"/> Samoa | <input type="checkbox"/> Other (excluding Philippines) _____ |

White -- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Which best describes your country/continent of origin?

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- Europe _____
- Middle East _____
- Other _____

Self-identification of a disability or veteran status is strictly voluntary. Declining to provide this information will not subject you to any adverse treatment. The information you provide on this form will be treated as confidential and completed forms are maintained in files separate from that individual's personnel file and are held in strict confidence, except that:

1. Administrators, managers, or supervisors may be informed of any work restrictions or reasonable accommodations;
2. First aid or safety personnel may be informed, to the extent necessary, to administer any emergency treatment; and
3. Government officials may review the forms in conjunction with an investigation or audit of the University's compliance with relevant federal, state or local law.

Faculty and staff who wish to request a reasonable accommodation should contact the Office of Affirmative Action and Equal Opportunity Programs, Franklin Building, Suite 421, 3451 Walnut Street, (215) 898-6993 (voice), oaeeop@pobox.upenn.edu, or visit our website at <https://oaeeop.upenn.edu/accessibility/accommodations>. Students should contact the Office of Student Disabilities Services, Weingarten Learning Resources Center, 3820 Locust Walk, Suite 110, (215) 573-9235 for all academic related accommodations. For student accommodations relating to on-campus employment, contact the Office of Affirmative Action and Equal Opportunity Programs.

Voluntary Self – Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such impairment or medical condition.

Disabilities include, but are not limited to:

Blindness	Autism	Bipolar disorder	Post-traumatic stress disorder (PTSD)
Deafness	Cerebral Palsy	Major depression	Obsessive compulsive disorder
Cancer	HIV/AIDS	Multiple Sclerosis (MS)	Impairments requiring the use of a wheelchair
Diabetes	Schizophrenia	Missing limbs or partially missing limbs	Intellectual disability (previously called mental retardation)
Epilepsy	Muscular dystrophy		

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- NO, I DON'T WISH TO ANSWER

Your Name

Today's Date

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Veteran status is defined as follows by the U.S. Department of Veterans Affairs. Please check all that apply.

- Armed Forces Service Medal Veteran** - a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12983 (61 Fed. Reg. 1209).
- Disabled Veteran** - (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran** - a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- Other Protected Veteran** – a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. Information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A copy of the list also may be obtained by calling (301) 306-6752 and requesting that a copy of the list be mailed to you.
- Active Duty Wartime Campaign Badge Veteran** – An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- I am a protected veteran, but I chose not to self-identify the classification to which I belong.
- I am not a protected veteran.

If you have questions or request additional information, please call the Office of Affirmative Action and Equal Opportunity Programs at (215) 898-6993 (voice), (215) 898-7803 (TDD), or e-mail oaeeop@pobox.upenn.edu

Signature: _____ Date: _____